MWMA Bulletin

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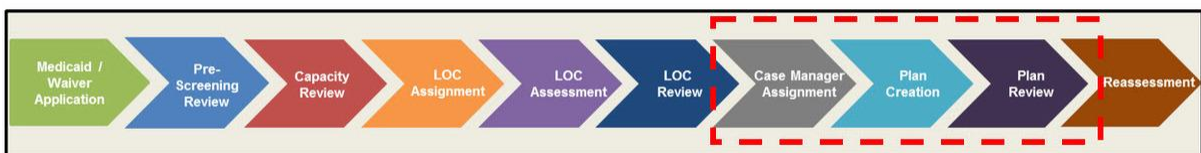
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Case Manager Assignment

The last bulletin included information that the LOC (Level of Care) Reviewer makes the LOC determination by marking the LOC "Met", "Not Met", or "Pended". Each of these determination decisions generates different communications to those involved in the LOC process. If the LOC Reviewer marks the LOC "Met," a correspondence is sent to the Individual/Legal Guardian/Authorized Representative (as appropriate) informing of the LOC status. MWMA works

with benefind to verify that the Individual has Active and Approved Medicaid in a compatible Medicaid Type of Assistance (TOA). At this point, if the Individual's Medicaid eligibility is verified to be Active and Approved in a compatible TOA, MWMA enrolls the Individual in the specific HCBS Waiver program. Upon enrollment, another correspondence is sent informing of the waiver enrollment and that a Case Management Agency must be chosen.

For additional information related to correspondences generated through the Level of Care process, including Level of Care marked "Not Met" or "Pended", please refer to the Case Manager Participant Manual.

A Case Supervisor in the chosen Case Management Agency performs the initial Case Management Assignment by utilizing the **Case Manager Assignment** link in the *Quick Links* of their **Dashboard**.

Plan Creation

When the Case Supervisor assigns the Individual to a Case Manager's caseload, the Case Manager receives the task to "Create and Submit Initial Plan of Care for Newly Assigned Individual." The Case Manager may begin entry in both the Accompanying Data and Document (ADD) module and Plan of Care (Plan) module as soon as the case manager assignment has taken place. If any of the ADD module is required as part of the Plan, it is most efficient for the Case Manager to complete the ADD module and then begin entry in the Plan module.

The Plan includes the following screens:

- Create Draft Plan
- View Plan Details
- Goals
- Service Details
- Non-Waiver Program
- Service Summary
- Upload Documents
- Submit Plan

After the Case Manager clicks "Submit Plan" on the Submit Plan screen, the Plan may go to a variety of users for review. Let's review the various scenarios in which the Plan may go to different reviewers!

Scenario	Reviewer
• Case Manager is in training • Case Manager's agency requires Case Supervisor review • Case Manager selects **Yes** to send the Plan to the Case Supervisor on the Submit Plan screen	**Case Supervisor**
• Exceptional supports request • Case Management conflict	**CHFS Case Management Administrator (CMA)**
• None of the above scenarios exist • Required Case Supervisor and/or CMA review has taken place	**Plan Reviewer***

*The Plan Reviewer is the final reviewer.

Plan Review

If the Plan does not require Case Supervisor or Case Management Administrator review OR when any necessary review/revision has taken place, the Plan Reviewer receives a task to review the Plan. The Plan Reviewer gives a prior-authorization decision to each service requested. The "Pending Plan Reviewer Review" task cannot be closed (and the prior-authorization decisions for the services cannot be submitted) until each service is reviewed and marked "Approved", "Not Approved", or "Pended".

- If any service within a Plan is marked "Approved," the service may be provided according to the date, rates, and units prior-authorized in the Plan by the external Plan Reviewer even if other services on the Plan are determined to be "Not Approved" or "Pended."
- If any service within a Plan is marked "Not Approved," it means that the Plan Reviewer determined that the service or units of service were not appropriate for the Individual's situation. If any of the services are marked "Not Approved," the Case Manager receives a "Revisions Requested by Plan Reviewer" task.
- If any service within a Plan is marked "Pended," it means that the Plan Reviewer needs more information. "Pended" services may require follow-up with the Individual, depending on the situation. If any of the services are marked "Pended," the Case Manager receives a "Revisions Requested by Plan Reviewer" task.

If the Plan Reviewer marks the Prior-Authorization on a least one, but not all, services as "Pended" or "Not Approved", the Plan Status displays as *Partial Current.*

If the Plan Reviewer marks the Prior-Authorization on ALL services as "Pended" or "Not Approved" with a reason other than "LOI" or "CDO Budget", the Plan Status displays as *Revisions Requested by QIO.*

System Updates

There are two changes to Medicaid policy regarding Medicaid application and renewal processes which require system enhancements. These enhancements will be effective July 1st. The following table includes brief descriptions.

Module	Current Process	Beginning July 1
Application Intake	Individuals submitting an application for Non-MAGI Medicaid (MA) via the benefind Self-Service Portal (SSP) are currently required to complete an interview with DCBS before Medicaid eligibility may be determined and the case disposed.	Individuals submitting an application for Non-MAGI MA via the SSP are no longer required to complete an interview. Individuals may receive real-time eligibility determinations following completion of the Medicaid application if no verification is required.
Benefits Renewal	Non-MAGI MA renewals must be initiated by contacting DCBS or by renewing on the benefind SSP and renewal interviews are required. Individuals who only receive Medicare Savings Program* (MSP), receive a renewal form which must be completed and returned to DCBS.	Non-MAGI MA and MSP will no longer require action by the individual to initiate the renewal process. They will either be passively (automatically) renewed or they will receive a renewal form, depending on their situation. They may be required to return verification but neither will require an interview.

* Medicare Savings Plan as it is referred to in this document may refer to any of the following TOAs: QMBP (Qualified Medicare Beneficiaries), SLMB (Special Low-Income Medicare Beneficiaries), QDWI (Qualified Disabled Working Individuals) or QI1P (Additional Low-Income Medicare Beneficiaries). Be aware that MSP by itself is not compatible with Waiver. Only those Individuals dually eligible to receive benefits through a MSP TOA **and** a Waiver-compatible Medicaid TOA would be eligible to receive Waiver services.

Helpful Tips

Have you ever wondered how you would update an Individual's address? Users that are associated with the Individual's case or application have the ability to navigate to the Individual's benefind Dashboard and update the Individual's address. Both the residential address and the mailing address may be updated through benefind. Let's go over the steps to update an Individual's residential address.

Updating a Residential Address

1. Navigate to the Individual's **Individual Summary** screen.
2. Click **Go to benefind Dashboard**.

3. Click **Report Change in Circumstance.**

4. Review the *Type of Change You Are Reporting* list. Check the last report type box, *Someone in my household has a reason to report a change that is not listed in the reasons shown above.*

5. Click **Continue.**

Type of Change You Are Reporting

Please answer the questions as they apply to you or a member of your household. If there has been a major change in your lives, you may be eligible for special enrollment. This allows you to make changes to your healthcare coverage outside of the normal open enrollment period.

*Please select all statements that apply to you or someone in your household:

☐ I wish to self-attest to filing taxes in a previous year

☐ My household income or work hours have recently changed.

☐ My household expenses have recently changed.

☐ My household resources have recently changed.

☐ Someone in my household recently lost a job.

☐ The employer of someone in my household recently stopped providing healthcare coverage.

☐ ☑ Someone in my household has a reason to report a change that is not listed in the reasons shown above.

◄ Back   **Continue**

Please Note: The user is able to mark the boxes next to any applicable changes that need to be made. If the change is not explicitly listed, mark the last box: Someone in my household has a reason to report a change that is not listed in the reasons shown above.

6. Select the **arrow** drop-down next to Contact Information.

7. Click the **pencil** icon under Contact Information to edit the Individual's address.

Before You Submit Your Application

You can review all of the information you have entered on this page. If you see any mistakes, please click Edit to return to your application and make changes.

Household Member Information

⊙ Who is in Your Household

First Name	Last Name	DOB	Gender	Action
Annie			Female	✎

⊙ Deceased Household Members

⊙ Contact Information

⊙ Contact Information

Name	Address	Preferred Written Language	Action
Annie	GDGFJHGDFJH, GHGHJG, KENTUCKY, FAYETTE, 68768	English	✎

8. Enter the new address details.

9. Select the appropriate button on the Possible Address Match pop-up.

10. Click **Next**.

11. Continue through the end of the Medicaid application, complete the E-signature, and re-submit the Medicaid application to update the residential address. *Please Note: This process replaces the usage of the MAP – 24 or 24c for address changes. This is only for residential address updates. There are other address update processes.*

This update requires the user to review all information previously captured in the rest of the Medicaid application. This occurs because any update may cause a downstream impact on information captured on subsequent screens.

Updating a Mailing Address

Updating an Individual's mailing address does not involve re-submitting the Medicaid application. The user is also able to update an Individual's phone number through the process listed below.

1. Access the Individual's **benefind Dashboard** through the **Individual Summary** screen.

2. Click **Settings**.

3. Next to the *Contact Information* section, click **Edit**.

4. Enter the new address details.

5. Select the appropriate button on the Possible Address Match pop-up.

6. Click **Update**.

Please Note: Users may also update the "How Else Can We Reach You?" section to indicate additional contact information.

New and revised documents and web-based trainings will be posted to TRIS soon, including more information regarding updating addresses.

To get a TRIS account, send an email to MedicaidPartnerPortal.info@ky.gov

TRIS URL: http://tris.eku.edu/MWMA/

Most usernames are firstname.lastname with the password medicaid1

Helpful Resources

Contact Center representatives are available Monday-Friday from 8 a.m. to 5 p.m. ET at 1-800-635-2570. After the DMS welcome message plays, press 1, 6, and 2 to be transferred directly to the MWMA Contact Center.